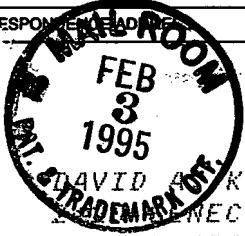


*60500 242*  
**PART B—ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CLE SPONSOR/HEAD   DAVID A. KIEWIT TRADEMARKS PALM HARBOR, FL 34683-2829	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)  INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code  <input type="checkbox"/> Check if additional changes are on reverse side
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/251,133	05/31/94	021	ROGERS, S.	2612 11/30/94
First Name Applicant	INGA,	JORGE J.		

**TITLE OF INVENTION** MEDICAL IMAGE SYSTEM WITH PROGRESSIVE RESOLUTION

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 ISS		358-403.000	G70	UTILITY	YES	\$605.00	02/28/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	<i>1 DAVID KIEWIT</i>
	<i>2 _____</i>
	<i>3 _____</i>

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT DOCUMENT	6. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees _____
(1) NAME OF ASSIGNEE: <i>AUTOMATED MEDICAL ACCESS CORP.</i>	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
(2) ADDRESS: (CITY & STATE OR COUNTRY) <i>TAMPA, FL</i>	(Authorized Signature) _____ (Date) _____

- A.  This application is NOT assigned.  
 Assignment previously submitted to the Patent and Trademark Office.  
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE**